

**9-1-1 TELECOMMUNICATIONS SURCHARGE REMITTANCE ADVICE  
FOR**

\_\_\_\_\_ **EMERGENCY COMMUNICATIONS DISTRICT**

**REPORTING PERIOD:**    **Start:**\_\_\_\_\_                      **End:**\_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Company Contact's Name:** \_\_\_\_\_

**Contact's Telephone Number:** \_\_\_\_\_

**Contact's Fax Number:** \_\_\_\_\_

**Contact's Email Address:** \_\_\_\_\_

**Federal Tax Identification Number:**\_\_\_\_\_

	Number of Lines	Rate Charged	Total Collected	Administrative Fee	Adjusted Total
Residential					
Commercial					
Total	XXXXXX	XXXXXX	XXXXXXXX	XXXXXXXXXX	

**REMIT TO:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that this report has been examined by me and is to the best of my knowledge and belief true, correct and complete.

**Prepared By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Providers of exchange telephone service are requested to complete the attached Emergency Telephone Service Charge Remittance Form and provide it to the appropriate emergency communications districts when remitting funds collected as the service charge under Tenn. Code Ann. 7-86-110.

Please fill out a separate form for each month remitted. Surcharges need to be paid bi-monthly and you may write one check for both months, but each month must be reported on a separate remittance form. Please provide the information and remittances as soon as possible after the close of your billing cycle.<sup>1</sup>

A copy of this form may be requested by e-mail from [james.barnes@state.tn.us](mailto:james.barnes@state.tn.us), or it may be obtained on the TECB website at <http://www.state.tn.us/commerce/911/>.

#### INSTRUCTIONS:

1. Enter the name of the Emergency Communications District receiving the remittance.
2. Enter the starting and ending dates of service for the month being reported.
3. Enter your Company Name.
4. Enter the mailing address that you would wish to be used for any correspondence.
5. Enter the name of your company contact person or 9-1-1 liaison.
6. Enter the contact person's telephone number.
7. Enter the contact person's facsimile (fax) number.
8. Enter the contact person's e-mail address.
9. Enter your company's federal tax identification number and its four or five letter abbreviation "LEC" as it appears on the 9-1-1 ALI screen at the PSAP, if applicable.
10. Enter the number of residential lines and the rate charged and complete the adjusted total calculation.
11. Enter the number of commercial lines and the rate charged and complete the adjusted total calculation.
12. On the total line add the Residential and Commercial adjusted total column.
13. On the "Remit To" line enter the name of the emergency communication district's authorized recipient of funds. This may be the ECD, the County Trustee, or some other designated authority.
14. Enter the mailing address of the emergency communications district or other designated receiver of the remittance.
15. Enter the name of the person preparing the remittance.
16. Enter the preparers' title.
17. Sign and date the form.

---

<sup>1</sup> **Tennessee Code Annotated §7-86-110. Collection and disposition of funds**

(a) The service supplier shall remit the funds collected as the service charge to the district every two (2) months. Such funds shall be remitted to the district no later than thirty (30) days after the last business day of such two-month period.

(b) The service supplier shall be entitled to retain as an administrative fee an amount equal to three percent (3%) of the collections of the service charge.